STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

I. DESCRIPTION OF WELL AND LEASE	Tenneco Oil Company		MS						SEPDE	· (S	
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Address for whether the produce of a finite of allowater of allowater of a finite of allowater of a finite of a fi	New Well Chan	ge in Transporter	of:	_					.07. 3	3 .	
Change in Ownership give name and address of previous owner* E1 Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499	Recompletion	Oit		Dry (as	İ					į
Change of cemerable give name and address of previous owner E1 Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499	Change in Ownership	Casinghead Gas		Conc Con	lensate		Well Na	me			
Lease Name MCCUITey LS 9 Aztec—PC Name of Authorized Transporter of Oil _ or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Oil _ or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas _ or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids. If well produces oil or liquids. If this production is commingled with that from any other lease or pool, give commingling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE II. Interest Complete Parts IV and V on reverse side if necessary. If this production is to be filed in compliance with BULE 1104. SEP. 1985 SEP. 1985 Name of Authorized Transporter of Casinghead Gas _ or Dry Gas X P. O. Box 450, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 When When Yes OIL CONSERVATION DIVISION SEP, 10 1985 TITLE SUPERVISOR PICTRICT IS 3 TITLE This form is to be filed in compliance with BULE 1104. If this is a regulatory of a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation lests taken on the well in accordance with RULE 111. All sections of this form must be failed out completely for allowable on new and recompleted walls. Fill out only Section I. II, III, and VI for changes of swher, well name and or number, or transporter.	If change of ownership give name and address of previous owner	El Paso	Natu	ral Gas	, P.O.	Box 49	90, Farmi	ington, N	M 87499		
McCulley LS 9	II. DESCRIPTION OF WELL A							· · · · · · · · · · · · · · · · · · ·	110		1 (see No.
Line of Section Unit Letter F : 1480 Feet From The N Line and 1687 Feet From The W Line of Section 24 Township 28N Range 9W NMPM. San Juan County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Dil Core Condensate X CONCOC DI C. Surface Transportation P. O. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas Cor Dry Gas X E1 Paso Natural Gas If well produces oil or liquids. F 24 28N 9W Yes If well produces oil or liquids. F 24 28N 9W Yes If well produces oil or liquids. F 24 28N 9W Yes VI. CERTIFICATE OF COMPLIANCE Unit Energy certify that the rules and regulations of the Oil Conservation Division have been complied with at the information given is true and complete to the best of my knowledge and belief with and that the information given is true and complete to the best of my knowledge and belief of the Conservation Division have been complied or a newly falled or deepened well, this form must be accompanied by a business of the Well or deeplened well, this form must be accompanied by a business of the Well or an every falled or deepened well, this form must be accompanied by a business of the Well on congleted valis. Fill use only Section 1, III, III, and VI for changes of owner, well name and or number or transporter. Feet From The Line and Peet From The Line and County Section 1, III, III, and VI for changes of owner, well name and or number or transporter.	Lease Name	l w				ation			Fee	•	1
Unit Letter F 1480 Feet From The Line and 1687 Feet From The Line and 1687 Feet From The Line of Section 24 Township 28N Range 9W NNPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil C or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas C or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids. F 24 28N 9W Yes If well produces oil or liquids. F 24 28N 9W Yes If well produces oil or liquids. F 24 28N 9W Yes If this production is commingled with that from any other lease or pool, give commirrigling order number NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Unit Interpolation of the deviations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief APPROVED APPROVED A leginature) TITLE This form is to be filled in compliance with RULE 1104. All sections of this form must be decompleted to the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section, II, III, and VI for changes of owner, well name and or number or of other such change of condition. SEP 1 1985	McCulley LS		9	Aztec-	PC					WM	04208
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil = or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas = or Dry Gas X E1 Paso Natural Gas If well produces oil or liquids. If well produces oil or liquids. If ye is commingled with that from any other lease or pool, give commir gling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE It hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. APPROVED APPROVED TITLE SUPERVISOR DICTRICT IS 3 All sections of this form must be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be filled out completely for allowable on new and recompleted walls. Fig. 1 1985	F.	1480	<u></u> -	_ Feet From The			Line and	1687	Feet From	The W	
Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commiring ling order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Inhereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Ser. Regulatory Analyst If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form as to be filled out completely for allowable on new and recompleted walls. Fill on thy Section 1, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.	Line of Section 24	Towns	hip	28N		Range	9W	, NN	_{IPM.} San S	Juan	County
with and that the information given is true and complete to the best of my knowledge and belief. Sr. Regulatory Analyst (Title) SEP 1985 (Title) SEP 1985 (Title) SEP 1985	Name of Authorized Transporter of Casingle El Paso Natural Gas If well produces oil or liquids.	nead Gas Cor D	Sec.	Twp.	"	P. O	Box 499	n approved copy o	f this form is to ngton, I	be sent)	
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BY Supervisor District # 3 Title Supervisor District # 3 Title String of the deviation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.	NOTE: Complete Parts IV and	V on reverse	e side i	if necessar	y .		/50	DIL CONSER	VATION DI	visio 5 E	P, Q 6 1 985
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Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.	Gr. Regulatory Analys					panied by	a tabulation of the	deviation tests to	aken on the wel	II in accordance	with RULE 111.
SEP 1 1985 or other such change of condition.		(Title)				18					
Separate Forms C-104 must be filed for each pool in multiply completed wells.	SEF		5			or other su	ich change of con	dition.			
		(Date)				Separate	e Forms C-104 mu	st be filed for eac	h pool in multip	oly completed w	ells.

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Testing Method (pilot, back pr.)	(ni-turic) enuesseng gniduT	20	Casing Pressure (5	(ni-tud2)	·	Choke Size		
Actual Prod. Test - MCF/D	Length of Test	18	Bbls. Condensate/	Ie/MMCF		Gravity of Conde	- etsene	
GAS WELL								
Actual Prod. During Test	.sid8 - liO	M	Water - Bbis.			Gas - MCF		
tesT to rignal	enusseng priduT	20	Casing Pressure			Слоке Size		
Date First New Oil Run To Tanks	Date of Test		Producing Method (P		(ˈɔtə̃ ˈɪjij s			
V. TEST DATA AND REQUES	LOR ALLOWABLE OIL W	dəp (a))	(Test must be after n depth or be for full 2	il 24 hours) Il 24 hours)	o bsol to amulov	upa ad teum bas lie	of beeck to	int tot sidswolle o
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	NIGO E PENIONO	+		126 H1730			YCKS CEMEN	
HOLE SIZE	HOLE SIZE CASING, CASING, ANI							
	DNIBUT	D UNA BUI	CEMENTING	3 8 6 0 0 8 0				
enoiterohe9		-				Depth Casing S	904	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
	Date Compi. Ready to Prod.		Total Depth			.0.1.8.9		
Designate Type of Completi								1 700 1 1110
	lleW liO	PN IIPM S	M HeW Well	Workover	Deepen	Plug Back	у'гаЯ эттв?	V. SeS. 'N
IV. COMPLETION DATA								